

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)**

SERIAL NO.
09/367748
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2	/				/	
3	/				/	
4	/				/	
5	/				/	
6	/				/	
7	/				/	
8	/				/	
9	/				/	
10	/				/	
11	/				/	
12	/				/	
13	/				/	
14	/				/	
15	/				/	
16	/				/	
17	/				/	
18	/				/	
19	/				/	
20	/				/	
21	/				/	
22	/				/	
23	/				/	
24	/				/	
25	/				/	
26	/				/	
27	/				/	
28	/				/	
29	/				/	
30	/				/	
31	/				/	
32	/				/	
33	/				/	
34	/				/	
35	/				/	
36	/				/	
37	/				/	
38	/				/	
39	/				/	
40	/				/	
41	/				/	
42	/				/	
43	/				/	
44	/				/	
45	/				/	
46	/				/	
47	/				/	
48	/				/	
49	/				/	
50	/				/	
TOTAL IND.	3		0		0	
TOTAL DEP.	14		20		20	
TOTAL CLAIMS	17		20		20	

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

BEST AVAILABLE COPY